VISTA DEL CAMINO ADOPT A FAMILY PROGRAM

I ((we) would like	to: (Please circ	le all that apply	')			
1.	1. Adopt a family for both Thanksgiving and Christmas with: ☐ 1 child ☐ 2 child						
	☐ 3 children	☐ 4 children	☐ 5 children	☐ 6 children	□ eld	erly or handicapped ad	ult
2.	Adopt a fai	mily for Ch	ristmas <u>onl</u>	<u>y</u> with: □ 1 cl	hild □	☐ 2 children ☐ 3 child	dren
	☐ 4 children	☐ 5 children	☐ 6 children	□ elderly or h	andicap	ped adult	
 3. Donate Thanksgiving groceries or grocery store gift cards. Due to limited freezer space, we ask that you provide a \$25.00 grocery store gift card for purchase of a turkey. It is not necessary to return this form if you are donating Thanksgiving groceries or gift cards. Please bring your donations to Vista del Camino's location indicated below by November 13th. 4. Make check payable to Concerned Citizens for Community Health: \$ 5. Give a general donation of food: or gifts 							
						Date:	
						Date	
A	ddress:						
C	ity:		State:			Zip:	
D	ay Phone:			Evening Phone:			
Fax:				COS mail code if applicable:E-mail address:			

If you need additional information please contact Pat at (480) 312-0063

Please Return This Form By:
November 6th if you are adopting for <u>both</u> Thanksgiving and Christmas
November 6th if you are adopting for Christmas <u>only</u>





Vista Del Camino Center 7700 E. Roosevelt Street Scottsdale, Arizona 85257

Phone: (480) 312-0063 Fax: (480) 312-7715